

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized CommitteeRECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS

15 OCT 21 PM 12:11

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

FRIENDS OF STEVEN WELCH

ADDRESS (number and street)

10 GREAT WOODS LANE

Check if different
than previously
reported. (ACC)

MALVERN

PA

19355

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C

C00463653

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

PA

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y Y Y

D D / Y Y Y Y Y Y

Y Y Y Y Y Y

in the
State of

PA

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y Y Y

D D / Y Y Y Y Y Y

Y Y Y Y Y Y

in the
State of

PA

Covering Period

M M / D D / Y Y Y Y Y Y
07 01 2015

D D / Y Y Y Y Y Y

Y Y Y Y Y Y

through

M M / D D / Y Y Y Y Y Y
09 30 2015

D D / Y Y Y Y Y Y

Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer ALEX BARNA

Signature of Treasurer

ALEX BARNA



Date

M M / D D / Y Y Y Y Y Y
10 15 2015

D D / Y Y Y Y Y Y

Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)